

BEST AVAILABLE COPY

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		2					56						
7		1					57						
8	1						58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	14						TOTAL CLAIMS						

30

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS